

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90118 029 \*\*\*150.00

**DOCUMENT # P98000103898**  
 1. Entity Name  
**PARISI RETAIL SYSTEMS & SUPPLIES, INC.**

Principal Place of Business 1649 PINE PLACE CLEARWATER FL 33755	Mailing Address 1005 MISTY HOLLOW LANE TARPON SPRINGS FL 34689
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DUU2J022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1005 MISTY HOLLOW LN.</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>TARPON SPRINGS, FL</i>	City & State
Zip <i>34689</i>	Country <i>PINELLAS</i>

4. FEI Number <b>59-3546811</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**PARISI, PASQUALE W**  
 1649 PINE PLACE  
 CLEARWATER FL 33755

7. Name and Address of New Registered Agent  
 Name *PASQUALE W. PARISI*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1005 MISTY HOLLOW LANE*  
 City *TARPON SPRINGS, FL* Zip Code *34689*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
*PASQUALE W. PARISI* *PRESIDENT*  
 SIGNATURE *Pasquale W. Parisi* *DIRECTOR* DATE *3/8/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARISI, PASQUALE W</b> <b>1649 PINE PLACE</b> <b>CLEARWATER FL 33755</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARISI, ALICE</b> <b>1649 PINE PLACE</b> <b>CLEARWATER FL 33755</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pasquale W. Parisi* *PASQUALE W. PARISI* DATE *3/8/01* (727) 937-5994  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)